



THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY STATE ATHLETIC COMMISSION

PLEASE SUBMIT APPLICATION TO:
50 MAPLE STREET . MILFORD, MASSACHUSETTS 01757

APPLICATION FOR JUDGE'S LICENSE

Please check sport which you are seeking Licensure:

BOXING

MMA

UNARMED COMBATANT: _____

BACKGROUND INFORMATION

NAME _____

First

Middle Initial

Last

ADDRESS _____

Street

City

State

Zip

DAYTIME TELEPHONE # (_____) _____ SOCIAL SECURITY # _____

DATE OF BIRTH ____ / ____ / ____ PLACE OF BIRTH _____

E-MAIL ADDRESS _____ OCCUPATION _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

Street

City

State

Zip

EMPLOYER'S TELEPHONE # (_____) _____

HAVE YOU EVER BEEN LICENSED AS A JUDGE IN ANOTHER STATE? _____

IF YES, WHICH STATES? _____



THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION
(check box indicating compliance)

- \$50 application fee
- two 1 inch by 1 inch photographs of the applicant's head (without headwear)
- copy of a government issued photo identification (e.g.- driver's license)
- proof of successful completion of a judge certification course approved by the Commission

PLEASE OUTLINE YOUR EXPERIENCE AND EXPLAIN WHY YOU BELIEVE YOU ARE QUALIFIED TO HOLD A JUDGE'S LICENSE:

[] (OPTIONAL)

\Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other	_____

ATTESTATION

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.

Signature of applicant

Date

FOR COMMISSION USE ONLY

DATE OF COMMISSION REVIEW: _____

APPROVED _____ **DENIED** _____

DATE LICENSE MAILED: _____

REASON FOR DENIAL:

